

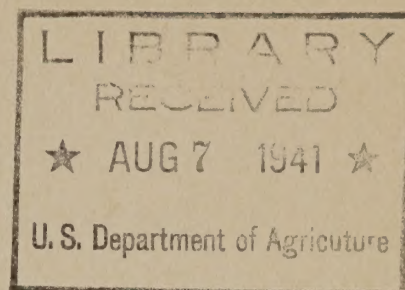
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HEALTH FOR WESTERN FARM WORKERS



The Agricultural Workers Health and Medical Association, a non-profit corporation providing medical care for farm workers in California and Arizona, was established in 1938. It had a two-fold purpose: (1) to deal quickly with the acute emergency brought about by an unprecedented influx of migratory farm workers, and (2) to lay the foundation for a permanent rural health program suited to the agricultural system of the two states.

Since that time more than 60,000 persons have received treatment through the Association. Machinery has been perfected to meet the medical demands of the scores of thousands of farm workers who must continually follow the crops. A network of about 20 well-equipped diagnostic and treatment centers, utilizing the services of 1100 physicians, has vastly improved the health of farm workers. Epidemics have been wiped out and the danger of communicable diseases spreading from farm workers to others in surrounding communities has been greatly diminished.

The acute emergency which brought the Agricultural Workers Health and Medical Association into being arose gradually after 1935. In that year thousands of homeless farm families, driven from the plain states by drouth and depression, were pouring into California and Arizona. By 1938 nearly 300,000 such families had come into the two states.

Particular health problems arose as a result of the mobility of these families, and from their living and economic conditions. Extreme poverty, lack of proper food, unsanitary living conditions, ineligibility for state and county aid -- all contributed to frequent illness, a high incidence of disease and a general neglect of health.

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Communicable diseases spread rapidly. Epidemics of typhoid and smallpox broke out. In squatter camps, where often an irrigation ditch provided the only available water, dysentery, diarrhea and other diseases were common.

With wages ranging between \$200 and \$450 a year, the families were all too frequently suffering from malnutrition. Their incomes were insufficient to purchase the bare essentials of food, clothing and shelter. Naturally, they lacked money for medical aid, and were forced to go without seeing a doctor until disease became acute. Chronic sickness mounted, seriously impairing a large section of the population. Poverty made for long-standing illness and disease which threatened entire communities.

Emergency aid given by counties burdened the taxpayers. Since most of the families were ineligible for state and county aid, much absolutely necessary care was given by doctors without payment, burdening the medical profession.

Unique to the United States, the situation revealed how medical care had been geared to a resident population. The California State Department of Public Health was inoculating thousands of persons each month and providing nurses in roadside migratory camps, but its function was limited to preventive medicine. State machinery for regulating sanitation was inadequate. Decent housing was often entirely lacking. Camps became a public menace.

This situation continued even after the Farm Security Administration began its grant program, which by April of 1939 had distributed surplus commodities and relief, on a basis of absolute need, to 50,000 men, women and children. The situation called for something new. It was out of this demand that the Agricultural Workers Health and Medical Association was organized in March 1938, as a California corporation, with headquarters in Fresno.

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### Who Organized the Association?

California's serious rural health problem was recognized not only by the Farm Security Administration. The State Relief Administration, State Department of Public Health, California Medical Association and numerous other agencies and individuals concerned with public health and welfare problems recognized that swift, adequate action was imperative.

These groups cooperated to create the new health association, which proposed to make medical treatment possible for impoverished farm workers. At the outset, the principal cooperating agencies agreed that the Farm Security Administration should take the lead in financing and administering the Association.

When action was decided upon by Farm Security and its associates, in the 1937-38 emergency, Dr. R. C. Williams, Chief Medical Officer of FSA, came from Washington to California to give his assistance. In company with Dr. George M. Uhl of the State Department of Public Health, and Dr. Omer Mills, FSA regional economist, Dr. Williams made an extended tour of affected farm districts throughout the state. The party met with local health and relief groups in the counties, and subsequently final planning conferences were called in San Francisco by the several cooperating state and Federal bodies.

Previous experience of Dr. Williams with cooperative medical programs in other states, operated as part of the Farm Security Administration's general program of rural rehabilitation, was of great service in formulating plans for the Agricultural Workers Health and Medical Association.

The Association, as a result of these surveys and inter-agency discussions, was incorporated under state law in March 1938.

### How Was the Association Set Up?

Since farm workers continually move with the crops, it was found impractical for doctors to present bills for cash payment. It was thus impracticable to make direct money grants to farm workers to pay for medical services. For these and other administrative reasons, it was decided that the Agricultural Workers Health and Medical Association should be a corporation. Technically, it is incorporated as a non-profit association for the purpose of mutual benefit and preservation of the health of its members.

### Who Heads the Association?

Once the idea of corporate organization was adopted it became necessary to form a board of directors. This board as constituted is representative of the principal agencies which cooperate to support the Association.

The Board of Directors consists of the regional director, one assistant director, finance director and the economist-labor relations director of the Farm Security Administration in Region IX; one member designated by the California Medical Association; one member designated by the Arizona Medical Association;



one member designated by the California Dental Association; one member designated by the California State Department of Public Health, and a representative of the U. S. Department of Agriculture.

These directors, and specifically a general manager and a medical director appointed by them, are charged with general administration and general policy making.

#### Who Finances the Association?

Farm Security Administration is chiefly responsible for financial support of the Association, which it started off with a fund of \$100,000; but contributions from other sources may also be accepted. The average yearly cost is about \$1,011,000.

#### Do Patients Pay For Treatment?

Every Association patient, on being admitted to membership, is pledged to repay costs of treatment when requested. Actually only a few patients will be able to do so.

Repayment is a matter of conscience rather than compulsion. Nevertheless a number of patients have refunded part or all of their medical expenses without being asked, and with the first money they were able to set aside.

#### Who Is Eligible for Association Membership?

By-laws of the Association limit membership to persons of agricultural background who are (1) ineligible for aid from state or local agencies, and (2) are unable to pay for private medical care.

The great majority of migratory families certified for Association assistance have also been found eligible for Farm Security Administration relief grants, and vice versa. For this reason, and in order to avoid the expense and trouble of several certifications or investigations, all FSA grant families now automatically receive cards of membership in the Association. However, those not in needs of grants, but still unable to pay for medical care, are also eligible to join the Association.

#### What Does "Membership" Mean?

When the applicant for medical aid is accepted, he becomes a member of the Association and receives a membership card. His membership will thereafter be honored at any office of the Association as long as eligibility is maintained. This avoids the expense and trouble of several re-certifications.



The psychological and social value of membership is also important. The farm worker group does not lightly accept "charity" or "relief" status, which is felt to carry a stigma. Membership in this Association, carrying an obligation to pay for treatment whenever possible, is thus important to the typical patient's morale.

### How Does the Association Operate?

Originally the Association opened headquarters in Fresno and established offices throughout California from which applicants and members were referred to panel physicians. When the health service was extended to Arizona, however, all offices were made diagnostic and treatment centers. At these centers the majority of ailments, infections and minor injuries were treated by regularly employed nurses or by doctors who came in at a fixed fee per morning.

It was found that this method resulted in both more economical operation and better medical service, and the system was generally adopted in California as well as in Arizona.

Today there are 19 diagnostic and treatment centers and seven referral offices in the two states, although the number fluctuates according to season and crops being harvested. Each center usually consists of two examining rooms, an interviewing room for the nurse, a convalescent room, office and waiting room, and a small pharmacy and laboratory. Equipment is comparable to that in the usual doctor's office.

A rotating panel of physicians from the local county serve at the centers, the usual custom being for two doctors to serve from one to two hours per day for a month. Thus over a period of a year the services of 24 doctors will be utilized.

Serious cases are referred for treatment in doctors' offices or to hospitals. A large proportion of patients require hospitalization and 115 hospitals in the two states render service to the Association patients.

At the Eleven Mile Corner FSA community for farm workers, near Coolidge, Arizona, the Association operates a 55-bed convalescent center which was constructed to overcome inadequate housing facilities of farm workers and to prevent the development of major diseases.

In April 1941, the Association was operating at 18 localities in California. Diagnostic and treatment centers were located at Winters, Yuba City and Gridley in the Sacramento Valley, at Thornton in San Joaquin county, at Firebaugh in the Madera-Merced region, at Tulare and Woodville in the Tulare-Kings region, at Arvin and Shafter in Kern county and at Indio, Brawley and Calipatria in the Riverside-Imperial area. Referral offices were located at Sonoma and Westley in San Joaquin county, Chowchilla in the Madera-Merced area, and Bakersfield in Kern county.

Arizona centers were located at Yuma, at Coolidge and Big Store in Pinal county, at Graham and at Phoenix, Buckeye, Avondale and Chandler in Maricopa county.



### What Are FSA Mobile Centers?

The Farm Security Administration has built several mobile communities for farm workers. With them go mobile medical facilities, "diagnostic and treatment centers on wheels" which, like the farm workers, follow the crops. Medical equipment drugs, supplies, examining table and chair are carried in trailers; in some cases additional equipment is set up in a tent. Treatment of bed patients, surgical cases or major ailments is not attempted at these mobile centers.

### Does the Association Operate at Communities for Farm Workers?

Arizona's first FSA community for farm workers at Agua Fria included diagnostic and treatment center building as an integral part of its construction. When similar diagnostic and treatment centers were built they were usually located at these communities. Today most of the 28 resettlement projects of the FSA in Region IX, including 16 permanent communities for farm workers capable of housing 4600 families, have medical care centers which treat both the resident families and other farm workers in the surrounding area.

### What Physicians Work with the Association?

When plans for the Association were being worked out, the California Medical Association invited the cooperation of its members in every rural district. Response was excellent, and has continued so. Similar cooperation and response came from the Arizona Medical Association.

Doctors, nurses, hospitals and pharmacists who will cooperate with the Association and accept its patients list their names on a participating list in each locality.

One of the distinct achievements of the Association is that it has produced the machinery to bring medical care to a large group unable to afford it, while at the same time maintaining satisfactory relationships with the medical association. Approval of the Association and the effectiveness of its work has been expressed by many prominent members of the medical profession, including leaders of the American Medical Association.

### Are Physicians Paid Standard Fees?

One of the first acts of the Association's Board of Directors was to arrive at a fee schedule satisfactory to the Medical Associations in the two states. This schedule has been several times revised as experience indicated what fees would be fair to all concerned, and as eventually worked out, the schedule runs as much as 50 percent lower than standard fees for similar services.

### Can the Patient Choose His Physician?

When a member is to be referred for treatment outside a diagnostic and treatment center by the Association, he is handed a list of all local cooperating physicians from which to make his selection. He also has the choice of druggists and hospitals.



### What Services are Rendered by the State Department of Public Health?

This state agency is concerned exclusively with preventive medicine. Cooperating with the A.W.H. & M. Association, the Department's nurses and doctors continually tour rural areas to inoculate and vaccinate against communicable diseases. Often Association clinics are the scene of this preventive work.

Public Health workers commonly refer cases in need of medical attention, discovered during their examinations, to the Association for possible certification and treatment.

The California Department of Public Health now uses automobile trailers in which doctors and nurses may quickly reach districts where epidemics threaten or immunization work is called for. Supplies and appropriate equipment are carried in the trailers.

### Why Are Some Prescriptions Filled at Grocery Stores?

One of the first cases treated by the Association was a sick baby, whose mother was referred to a child specialist. The specialist found that the baby needed no medicine but proper foods which his mother had been unable to buy. The prescription - for orange juice, milk, strained vegetables and the like - could be filled only at a grocery store.

This kind of diagnosis and treatment has been repeated often. Consequently the Association has arranged to pay a medical grocery bill just as it pays the druggist. The Association also cooperates in providing hot lunches for school children of farm workers.

### How Many People Has the Association Treated?

Up to January 31, 1941, a total of 61,546 different individuals had been treated by the Association -- 41,550 in California and 19,996 in Arizona. The patients came from 17,891 families in California and 9,337 families in Arizona.

In March 1941 the Association had 56,629 members from 14,248 families, with some 2000 persons having dropped their membership during the year and nearly 1000 persons obtaining new membership. Nearly 9000 persons were receiving medical care at the end of the month.

### What Treatments Are Most Frequent?

Activities of the Association between February 26 and March 25, 1941, are typical of the program's operation. In that month 2404 persons were referred directly to a doctor and 2900 received care at the diagnostic and treatment centers only. There were 6748 visits to the center doctors and 3475 visits to nurses. Nurses made 744 field visits and 867 patients were hospitalized.



A survey of 126,000 diagnoses made from the start of the program up to March 1941, shows roughly 27,000 treatments for diseases of the respiratory system; 16,000 treatments for diseases of the digestive system; and 14,000 cases of disorders of pregnancy and childbirth. Following in order were: diseases of the genito-urinary system (non-venereal), 9000; accidents and external causes, 8000; infectious and parasitic diseases, 7000; non-infectious general diseases, 6500; and diseases of the eye, 6500.

Dental care has been provided in 11,000 cases.

#### What Gains Have Come From Association Work?

Surveys of the work done by the Agricultural Workers Health and Medical Association show a steady improvement in the health of the farm worker group. There is less malnutrition, digestive and infectious disease, and the duration of illness is shorter. Treatment of chronic illness of unemployable workers has resulted in increased employability in many cases. Today virtually all children of the farm worker group are being born in hospitals.

Communities where agricultural labor is performed have been enormously benefitted. Families ridden with disease because of poverty and neglect were formerly a major source of epidemics. There have been no dangerous epidemics in California or Arizona since the Association was established.

The Association has extended the clinic type of medical care to rural regions to meet this special problem. Already state and counties have gained through assumption of the burden of medical care by the Federal government through the work of the Association. This burden, of course, is one of costs as well as treatment.

In the medical field the Association has evolved a technique for providing medical care to the farm worker group while maintaining satisfactory relationships with the medical profession. Medical authorities are convinced that the farm workers receive through the association a high quality of medical care equal to that which they would be able to obtain as private patients.

The techniques developed by the Association are being closely followed by similar organizations recently set up in the Texas and Florida farm worker areas, and are being adopted for use by the Farm Security Administration in Washington, Idaho and Oregon.

#### What Will Be the Need for the Association in the Future?

The type of agriculture predominating in California and Arizona will continue to demand a large mobile population to harvest crops. In addition, the winter of 1940-1941 saw a heavy increase of migration into the two states, caused by the movement of workers searching for defense jobs. This migration is likely to continue for some time. For these reasons the work being performed by the Association must be considered a permanent need until the farm worker group obtains adequate income and housing.

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